

Weights and Measures Division

Phone: 601-359-1149

This is to certify that I have on this day repaired and or placed in service the following described device and it now complies with the Laws of the State of Mississippi

Street Address	City	State	Zip	County
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[illegible]

1. Was the above described device rejected? Yes ☐ No ☐

2. Date of rejection _____ Red tag number (if any) _____

3. Describe work performed: _____

Name of Service Repair Company or Firm: _____

Address _____ City _____ State _____ Zip _____

Repairman Name: _____ Repairman License No.: _____

SPECIAL INSTRUCTIONS

Note: Mail to above address or fax to 601-359-1175 within 3 days after repair or email wm@mdac.ms.gov